

EMS Trauma Subcommittee  
Meeting Summary  
August 14<sup>th</sup>, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on August 14th at 1500. There were 21 people in attendance, with 5 people on the conference call.

There was no update for AWIN radios for helicopters. A cost benefit analysis is currently in progress.

We are still attempting to complete our voting membership. We have 10 or 13 positions filled, and are working on filling the remaining spots.

Backfill agreements continue to come in. There are currently 9 services without backfill agreements on file.

Greg reported that data audit letters were to go out the following week. This is part of the ongoing effort to improve the quality of data submission. A second workgroup meeting was also scheduled to work on the NEMSIS 3 data sets.

There was no update on the performance improvement proposal. We are still waiting to hear from the finance subcommittee. John Gray is the new EMS representative on the finance subcommittee, replacing Myra.

Greg presented the proposal for special project funding which we would like to take to the finance subcommittee. The hope is that, by assisting services with the purchase of ePCR systems, the quality of data submitted to the state will greatly increase. Greg did a great job of justifying the need and benefit of this project. There was consensus that it will be hard to argue against this proposal. However, there was much discussion over the details of the proposed budget. Ultimately, it was decided that we would revamp the budget portion of the proposal to hopefully make this more palatable to the finance committee. We hope to then submit this to the EMS committee for review over e-mail, and then hopefully to the finance subcommittee for review before next month's meeting.

We then began preliminary discussions on the budget for the next fiscal year. We have heard several complaints, particularly from the NW TRAC, about transfer only services that receive the same funding as the local 911 providers, but who selectively refuse trauma transfers based on the insurance status of the patient. We discussed adding a deliverable to address this. We discussed possibly funding these transfer only services at 50% of the 911 providers. This brought up the ongoing discontent with our current population based funding mechanism. There are volunteer services that may make one or two calls per year that are currently receiving the same funding as the primary providers covering the entire county. We again came back to utilizing call volume in some fashion. We will continue to address this issue in future meetings.

Our next meeting will be September 11th at 1500.